



## CLIENT INTAKE FORM (PLEASE PRINT)

### 1. CLIENT INFORMATION

First \_\_\_\_\_ Last \_\_\_\_\_ Annual Income \$ \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ Apt. No. \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

Current Housing Situation - Check One					
Private Rental		Homeless		Shelter	
Public/Subsidized		Relative/Friend		Other	

### 2. HOUSING NEEDS

Family ☐ Elderly ☐ Other ☐ Number of Bedrooms? \_\_\_\_\_ Household Size? \_\_\_\_\_

Children Under Six?    **Yes** ☐ **No** ☐                      Wheelchair Access?    **Yes** ☐ **No** ☐

### 3. HOUSING CHOICE List 3 Neighborhoods or Communities of Interest:

a) \_\_\_\_\_ b) \_\_\_\_\_ c) \_\_\_\_\_

### 4. RESOURCES AND ASSISTANCE

Are you on any waitlists for Government Assisted Housing?            Yes ☐ No ☐

Do you presently have a **Section 8 Voucher** or other Housing Subsidy?            Yes ☐ No ☐

If yes, which Agency issued your Voucher or Certificate?    **BHA** ☐ **MBHP** ☐ **Other:** \_\_\_\_\_

Are other agencies helping you with housing search or with other services?            Yes ☐ No ☐

Name of Agency assisting you: \_\_\_\_\_

Do you have a Counselor or Case Manager?    Yes ☐ No ☐

Counselor/Case Manager Name: \_\_\_\_\_ Telephone (    ) \_\_\_\_\_

5. Add any comments that would help us to serve you better:

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6. **OPTIONAL INFORMATION ( TO BE PROVIDED ON A VOLUNTARY BASIS)**

a. RACE OR NATIONAL ORIGIN OF HEAD OF HOUSEHOLD:

White \_\_\_\_\_

Black \_\_\_\_\_

Hispanic \_\_\_\_\_

Asian or Pacific Island \_\_\_\_\_

American Indian or Alaskan Native \_\_\_\_\_

b. PRIMARY LANGUAGE SPOKEN AT HOME: \_\_\_\_\_

c. Male \_\_\_\_\_

Female \_\_\_\_\_

62 Years of Age or Older \_\_\_\_\_

Counselor Initials: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_